

AMENDED IN ASSEMBLY AUGUST 23, 2002

AMENDED IN ASSEMBLY JULY 3, 2002

AMENDED IN SENATE MAY 23, 2002

AMENDED IN SENATE APRIL 1, 2002

SENATE BILL

No. 1447

Introduced by Senator Chesbro
(Coauthor: Assembly Member Washington)

February 15, 2002

An act to amend Sections ~~11218 and 11219 of, and to add Sections 11879.1, 11879.2, 11879.3, and 11879.5 to, 11218, 11219, 11758.42, and 11758.46~~ of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 1447, as amended, Chesbro. Treatment of addicts: drug treatment programs.

Existing law provides that it is a misdemeanor or a felony for a physician treating a person for addiction to prescribe for, or furnish to, the person more than 180 milligrams of methadone or 200 milligrams of levoalphacetylmethadol (LAAM) during each day of the treatment.

This bill would repeal the limits on the amount of methadone and LAAM that a physician treating a person for addiction may lawfully prescribe for or furnish to that person during each day of the treatment.

Existing law provides for the Medi-Cal Drug Treatment Program, under which each county enters into contracts with the State Department of Alcohol and Drug Programs for the provision of various drug treatment services to Medi-Cal recipients, or the department

directly arranges for the provision of these services if a county elects not to do so.

Under existing law, the ~~State Department of Health Services~~ *department* is responsible for licensing narcotic treatment programs to use replacement narcotic therapy in the treatment of addicted persons whose addiction was acquired or supported by the use of a narcotic drug or drugs, not in compliance with a physician and surgeon's legal prescription.

Existing law provides for reimbursement for narcotic replacement therapy dosing and ancillary services provided by narcotic treatment programs, and limits reimbursement for narcotic treatment program services to those services specified in state law and state and federal regulations governing the licensing and administration of narcotic treatment programs.

Existing law defines the services reimbursable under this program, and establishes contracting, billing, and reimbursement procedures governing this program.

This bill would establish criteria, as specified, for determining the uniform statewide monthly reimbursement rate for narcotic replacement therapy dosing and ancillary services.

Existing law, added by initiative statute (Proposition 36), provides that effective July 1, 2001, except as specified, a person convicted of a nonviolent drug possession offense is required to receive probation with completion of a drug treatment program as a condition of probation. That initiative statute also provides that effective July 1, 2001, except as specified, a person's parole may not be suspended or revoked for commission of a nonviolent drug possession offense or for violating a drug-related condition of parole, but that an additional condition of parole for those offenses or violations shall be completion of a drug treatment program.

~~This bill would establish the scope of services for narcotic replacement therapy dosing and ancillary services provided to Proposition 36 clients provided by narcotic treatment programs for which reimbursement may be made to those programs.~~

~~This bill would require the department to promulgate regulations establishing procedures for certified providers of narcotic treatment program services to claim payment for those services. This bill would require that the regulations include procedures and specifications for electronic data submission for services, billing, and reimbursement, as specified.~~



~~This bill would authorize the State Department of Alcohol and Drug Programs to adopt regulations to implement the provisions of this bill.~~

Existing law provides that reimbursement to narcotic treatment program providers shall be limited to the lower of either the uniform statewide monthly reimbursement rate, or the provider's usual and customary charge to the general public for the same or similar service.

This bill would provide that reimbursement paid to a narcotic treatment program provider by a county for services provided to clients pursuant to Proposition 36, and for which the client is not liable for paying, does not constitute a usual and customary charge to the general public.

Existing law requires certified narcotic treatment program providers that are exclusively billing the state or county for services under these provisions to submit accurate and complete performance reports, as specified.

This bill would impose the same requirements on certified narcotic treatment program providers that are exclusively billing the state or county for services to persons pursuant to Proposition 36.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 11218 of the Health and Safety Code is
2 amended to read:

3 11218. A physician treating an addict for addiction ~~shall~~ may
4 not prescribe for or furnish to the addict more than any one of the
5 following amounts of controlled substances during each of the first
6 15 days of that treatment:

7 (a) Eight grains of opium.

8 (b) Four grains of morphine.

9 (c) Six grains of Pantopon.

10 (d) One grain of Dilaudid.

11 (e) Four hundred milligrams of isonipeccaine (Demerol).

12 SEC. 2. Section 11219 of the Health and Safety Code is
13 amended to read:

14 11219. After 15 days of treatment, the physician ~~shall~~ may not
15 prescribe for or furnish to the addict more than any one of the
16 following amounts of controlled substances during each day of the
17 treatment:

1 (a) Four grains of opium.

2 (b) Two grains of morphine.

3 (c) Three grains of Pantopon.

4 (d) One-half grain of Dilaudid.

5 (e) Two hundred milligrams of isonipocaine (Demerol).

6 ~~SEC. 3. Section 11879.1 is added to the Health and Safety~~

7 *SEC. 3. Section 11758.42 of the Health and Safety Code is*
8 *amended to read:*

9 11758.42. (a) For purposes of this chapter, “LAAM” means
10 levoalphacetylmethadol.

11 (b) (1) The department shall establish a narcotic replacement
12 therapy dosing fee for methadone and LAAM.

13 (2) In addition to the narcotic replacement therapy dosing fee
14 provided for pursuant to paragraph (1), narcotic treatment
15 programs shall be reimbursed for the ingredient costs of
16 methadone or LAAM dispensed to Medi-Cal beneficiaries. These
17 costs may be determined on an average daily dose of methadone
18 or LAAM, as set forth by the department, in consultation with the
19 State Department of Health Services.

20 (c) Reimbursement for narcotic replacement therapy dosing
21 and ancillary services provided by narcotic treatment programs
22 shall be based on a per capita uniform statewide monthly
23 reimbursement rate for each individual patient, as established by
24 the department, in consultation with the State Department of
25 Health Services. The uniform statewide monthly reimbursement
26 rate for *narcotic replacement therapy dosing and* ancillary
27 services shall be based upon, where available and appropriate, ~~and~~
28 ~~shall not exceed, for individual services or in the aggregate, the~~
29 ~~outpatient rates for the same or similar services under the~~
30 ~~fee-for-service Medi-Cal program. In establishing the uniform~~
31 ~~statewide monthly rate, the department shall also utilize the all of~~
32 ~~the following:~~

33 (1) *The outpatient rates for the same or similar services under*
34 *the fee-for-service Medi-Cal program.*

35 (2) *Cost report data.*

36 (3) *Other data deemed reliable and relevant by the department.*

37 (4) *The rate studies completed pursuant to Section 54 of*
38 *Assembly Bill 3483 of the 1995–96 Regular Session of the*
39 *Legislature.*

1 (d) *The uniform statewide monthly reimbursement rate for*
2 *ancillary services shall not exceed, for individual services or in the*
3 *aggregate, the outpatient rates for the same or similar services*
4 *under the fee-for-service Medi-Cal program.*

5 (e) The uniform statewide monthly reimbursement rate shall be
6 established after consultation with narcotic treatment program
7 providers and county alcohol and drug program administrators.

8 ~~(d)~~

9 (f) Reimbursement for narcotic treatment program services
10 shall be limited to those services specified in state law and state and
11 federal regulations governing the licensing and administration of
12 narcotic treatment programs. These services shall include, but are
13 not limited to, all of the following:

14 (1) Admission, physical evaluation, and diagnosis.

15 (2) Drug screening.

16 (3) Pregnancy tests.

17 (4) Narcotic replacement therapy dosing.

18 (5) Intake assessment, treatment planning, and counseling
19 services. Frequency of counseling or medical psychotherapy,
20 outcomes, and rates shall be addressed through regulations
21 adopted by the department. For purposes of this paragraph, these
22 services include, but are not limited to, substance abuse services
23 to pregnant and postpartum Medi-Cal beneficiaries.

24 ~~(e)~~

25 (g) Reimbursement under this section shall be limited to claims
26 for narcotic treatment program services at the uniform statewide
27 monthly reimbursement rate for these services. These rates shall
28 be exempt from the requirements of Section 14021.6 of the
29 Welfare and Institutions Code.

30 ~~(f)~~

31 (h) (1) Reimbursement to narcotic treatment program
32 providers shall be limited to the lower of either the uniform
33 statewide monthly reimbursement rate, pursuant to subdivision
34 (c), or the provider's usual and customary charge to the general
35 public for the same or similar service.

36 ~~(g)~~

37 (2) (A) *Reimbursement paid by a county to a narcotic*
38 *treatment program provider for services provided to any person*
39 *subject to Section 1210.1 or 3063.1 of the Penal Code, and for*
40 *which the individual client is not liable to pay, does not constitute*

1 *a usual and customary charge to the general public for the*
2 *purposes of this section.*

3 *(B) Subparagraph (A) does not constitute a change in, but is*
4 *declaratory of, existing law.*

5 *(i) Reimbursement for narcotic treatment program services*
6 *provided by narcotic treatment program providers shall, if the*
7 *patient receives less than a full month of services, be prorated to*
8 *the daily cost per patient, based on the annual cost per patient and*
9 *a 365-day year. No program shall be reimbursed for services not*
10 *rendered to or received by a patient of a narcotic treatment*
11 *program.*

12 ~~(h)–~~

13 *(j) Reimbursement for narcotic treatment program services*
14 *provided to substance abusers shall be administered by the*
15 *department and counties electing to participate in the program.*
16 *Utilization and payment for these services shall be subject to*
17 *federal medicaid and state utilization and audit requirements.*

18 *SEC. 4. Section 11758.46 of the Health and Safety Code is*
19 *amended to read:*

20 11758.46. (a) For purposes of this section, “drug-Medi-Cal
21 services” means all of the following services, administered by the
22 department, and to the extent consistent with state and federal law:

23 (1) Narcotic treatment program services, as set forth in Section
24 11758.42.

25 (2) Day care habilitative services.

26 (3) Perinatal residential services for pregnant women and
27 women in the postpartum period.

28 (4) Naltrexone services.

29 (5) Outpatient drug-free services.

30 (b) Upon federal approval of a federal medicaid state plan
31 amendment authorizing federal financial participation in the
32 following services, and subject to appropriation of funds,
33 “drug-Medi-Cal” services shall also include the following
34 services, administered by the department, and to the extent
35 consistent with state and federal law:

36 (1) Notwithstanding subdivision (a) of Section 14132.90 of the
37 Welfare and Institutions Code, day care habilitative services,
38 which, for purposes of this paragraph, are outpatient counseling
39 and rehabilitation services provided to persons with alcohol or
40 other drug abuse diagnoses.

1 (2) Case management services, including supportive services
2 to assist persons with alcohol or other drug abuse diagnoses in
3 gaining access to medical, social, educational, and other needed
4 services.

5 (3) Aftercare services.

6 (c) The department shall adopt emergency regulations to
7 implement subdivision (b). The regulations shall be developed in
8 conjunction with appropriate stakeholders.

9 (d) (1) By July 1, 1997, and annually thereafter, the
10 department shall publish procedures for contracting for
11 drug-Medi-Cal services with certified providers and for claiming
12 payments, including procedures and specifications for electronic
13 data submission for services rendered.

14 (2) By July 1, 1997, the department, county alcohol and drug
15 program administrators, and alcohol and drug service providers
16 shall automate the claiming process and the process for the
17 submission of specific data required in connection with
18 reimbursement for drug-Medi-Cal services, except that this
19 requirement applies only if funding is available from sources other
20 than those made available for treatment or other services.

21 (e) A county or a contractor for the provision of drug-Medi-Cal
22 services shall notify the department, within 30 days of the receipt
23 of the county allocation, of its intent to contract, as a component
24 of the single state-county contract, for and provide certified
25 services pursuant to Section 11758.42 for the proposed budget
26 year. The notification shall include an accurate and complete
27 budget proposal, the structure of which shall be mutually agreed
28 to by county alcohol and drug program administrators and the
29 department, in the format provided by the department, for specific
30 services, for a specific time period, estimated units of service,
31 estimated rate per unit consistent with law and regulations, and
32 total estimated cost for appropriate services.

33 (f) (1) Within 30 days of receipt of the proposal described in
34 subdivision (e), the department shall provide, to counties and
35 contractors proposing to provide drug-Medi-Cal services in the
36 proposed budget year, a proposed multiple-year contract, as a
37 component of the single state-county contract, for these services,
38 a current utilization control plan, and appropriate administrative
39 procedures.

1 (2) A county contracting for alcohol and drug services shall
2 receive a single state-county contract for the net negotiated amount
3 and drug-Medi-Cal services.

4 (3) Contractors contracting for drug-Medi-Cal services shall
5 receive a drug-Medi-Cal contract.

6 (g) (1) Upon receipt of a contract proposal pursuant to
7 subdivision (e), a county and a contractor seeking to provide
8 reimbursable drug-Medi-Cal services and the department may
9 begin negotiations and the process for contract approval.

10 (2) If a county does not approve a contract by July 1 of the
11 appropriate fiscal year, in accordance with subdivisions (d) to (f),
12 inclusive, the county shall have 30 additional days in which to
13 approve a contract. If the county has not approved the contract by
14 the end of that 30-day period, the department shall contract
15 directly for services within 30 days.

16 (3) Counties shall negotiate contracts only with providers
17 certified to provide reimbursable drug-Medi-Cal services and that
18 elect to participate in this program. Upon contract approval by the
19 department, a county shall establish approved contracts with
20 certified providers within 30 days following enactment of the
21 annual Budget Act. A county may establish contract provisions to
22 ensure interim funding pending the execution of final contracts,
23 multiple-year contracts pending final annual approval by the
24 department, and, to the extent allowable under the annual Budget
25 Act, other procedures to ensure timely payment for services.

26 (h) (1) For counties and contractors providing drug-Medi-Cal
27 services, pursuant to approved contracts, and that have accurate
28 and complete claims, reimbursement for services from state
29 General Fund moneys shall commence no later than 45 days
30 following the enactment of the annual Budget Act for the
31 appropriate state fiscal year.

32 (2) For counties and contractors providing drug-Medi-Cal
33 services, pursuant to approved contracts, and that have accurate
34 and complete claims, reimbursement for services from federal
35 medicaid funds shall commence no later than 45 days following
36 the enactment of the annual Budget Act for the appropriate state
37 fiscal year.

38 (3) By July 1, 1997, the State Department of Health Services
39 and the department shall develop methods to ensure timely
40 payment of drug-Medi-Cal claims.

(4) The State Department of Health Services, in cooperation with the department, shall take steps necessary to streamline the billing system for reimbursable drug-Medi-Cal services, to assist the department in meeting the billing provisions set forth in this subdivision.

(i) The department shall submit a proposed interagency agreement to the State Department of Health Services by May 1 for the following fiscal year. Review and interim approval of all contractual and programmatic requirements, except final fiscal estimates, shall be completed by the State Department of Health Services by July 1. The interagency agreement shall not take effect until the annual Budget Act is enacted and fiscal estimates are approved by the State Department of Health Services. Final approval shall be completed within 45 days of enactment of the Budget Act.

(j) (1) A county or a provider certified to provide reimbursable drug-Medi-Cal services, that is contracting with the department, shall estimate the cost of those services by April 1 of the fiscal year covered by the contract, and shall amend current contracts, as necessary, by the following July 1.

(2) A county or a provider, except for a provider to whom subdivision (k) applies, shall submit accurate and complete cost reports for the previous state fiscal year by November 1, following the end of the state fiscal year. The department may settle cost for drug-Medi-Cal services, based on the cost report as the final amendment to the approved single state-county contract.

(k) Certified narcotic treatment program providers, that are exclusively billing the state or the county for services ~~under rendered to persons subject to Section 1210.1 of the Penal Code, Section 3063.1 of the Penal Code, or Section 11758.42;~~ shall submit accurate and complete performance reports for the previous state fiscal year by November 1 following the end of that state fiscal year. A provider to which this subdivision applies shall estimate its budgets using the uniform state monthly reimbursement rate. The format and content of the performance reports shall be mutually agreed to by the department, the County Alcohol and Drug Program Administrators Association of California, and representatives of the narcotic treatment providers. ~~Code, to read:~~

~~11879.1. (a) The Legislature finds and declares that there are conflicting reporting requirements involving different categories of clients eligible for treatment in narcotic treatment programs.~~

~~(b) It is the intent of the Legislature that these clients be treated in a manner that is consistent with existing law, particularly as it relates to treatment, billing, and reimbursement of costs for narcotic treatment programs pursuant to Sections 11758.42, 11758.44, and 11758.46.~~

~~SEC. 4. Section 11879.2 is added to the Health and Safety Code, to read:~~

~~11879.2. (a) (1) The department shall establish a narcotic replacement therapy dosing fee for methadone and levoalphacetylmethadol (LAAM) for clients to whom Section 1210.1 or 3063.1 of the Penal Code is applicable. The dosing fee shall include the cost of the ingredients for an average daily dose of methadone or LAAM and shall be consistent with the dosing fee established under paragraphs (1) and (2) of subdivision (b) of Section 11758.42.~~

~~(2) The department shall also establish rates for individual counseling and group counseling increments of service for clients to whom Section 1210.1 or 3063.1 of the Penal Code is applicable. The rate shall be consistent with the dosing and counseling fees established pursuant to subdivisions (b) and (c) of Section 11758.42.~~

~~(3) In addition to the narcotic replacement therapy dosing and counseling fees provided for pursuant to this section and subdivisions (b) and (c) of Section 11758.42, narcotic treatment programs shall be reimbursed, at unit cost rates consistent with the established unit cost rates, for any additional service levels that are required by the county to be provided to clients to whom Section 1210.1 or 3063.1 of the Penal Code is applicable and that are in excess of the medical necessity or service level guidelines established in Title 22 of the California Code of Regulations.~~

~~(b) Reimbursement for narcotic replacement therapy dosing, counseling, and ancillary services provided by narcotic treatment programs to clients to whom Section 1210.1 or 3063.1 of the Penal Code is applicable shall be based on a per capita uniform statewide monthly reimbursement rate for each individual patient as established according to subdivision (c) of Section 11758.42 unless additional services are required by the county. The uniform~~

1 statewide monthly reimbursement rate for ancillary services shall
2 be based upon, where available and appropriate, and shall not
3 exceed, for individual services or in the aggregate, the outpatient
4 rates for the same or similar services under the fee for service
5 Medi-Cal program.

6 (e) Reimbursement for narcotic treatment program services for
7 persons to whom Section 1210.1 or 3063.1 of the Penal Code is
8 applicable shall be limited to those services specified in state law
9 and state and federal regulations governing the licensing and
10 administration of narcotic treatment programs. These services
11 shall include, but are not limited to, all of the following:

12 (1) Admission, physical evaluation, and diagnosis.

13 (2) Drug screening.

14 (3) Pregnancy testing.

15 (4) Narcotic replacement therapy dosing.

16 (5) Intake assessment, treatment planning, and counseling
17 services. Frequency of counseling or medical psychotherapy,
18 outcomes, and rates shall be addressed through regulations
19 adopted by the department pursuant to this section and Section 6
20 of Chapter 1027 of the Statutes of 1996. For purposes of this
21 paragraph, these services include, but are not limited to, substance
22 abuse services to pregnant and postpartum clients to whom Section
23 3063.1 of the Penal Code is applicable.

24 (d) Reimbursement under this section shall be limited to claims
25 for narcotic treatment program services to persons to whom
26 Section 1210.1 or 3063.1 of the Penal Code is applicable at the
27 uniform statewide monthly reimbursement rate for these services
28 unless the county requires additional services.

29 (e) Reimbursement to narcotic treatment program providers
30 that serve people to whom Section 1210.1 or 3063.1 of the Penal
31 Code is applicable shall be limited to the lower of either the
32 uniform statewide monthly reimbursement rate computed
33 pursuant to subdivision (b) or the provider's usual and customary
34 charge to the general public for the same or similar service unless
35 the county requires additional services.

36 (f) Reimbursement for narcotic treatment program services to
37 persons to whom Section 1210.1 or 3063.1 of the Penal Code is
38 applicable, which services are provided by narcotic treatment
39 program providers, shall, if the patient receives less than a full
40 month of services, be prorated to the daily cost per patient, based

1 on the annual cost per patient and a 365-day year. No program shall
2 be reimbursed for services not rendered to, or received by, a patient
3 of a narcotic treatment program.

4 ~~(g) Reimbursement for narcotic treatment program services~~
5 ~~provided to persons who are substance abusers and to whom~~
6 ~~Section 1210.1 or 3063.1 of the Penal Code is applicable shall be~~
7 ~~administered by the department and counties electing to~~
8 ~~participate in the program. Utilization and payment for these~~
9 ~~services shall be subject to federal medicaid and state utilization~~
10 ~~and audit requirements.~~

11 ~~(h) Reimbursement claimed from the Substance Abuse~~
12 ~~Treatment Trust Fund created by Section 11999.4, for services~~
13 ~~provided by any narcotic treatment program to any client, shall be~~
14 ~~made only if that client was assessed and referred for those services~~
15 ~~by the county alcohol and drug treatment program, consistent with~~
16 ~~Section 1210.1 or 3063.1 of the Penal Code.~~

17 SEC. 5. ~~Section 11879.3 is added to the Health and Safety~~
18 ~~Code, to read:~~

19 ~~11879.3. (a) The department shall promulgate regulations,~~
20 ~~consistent with the procedures required by subdivision (d) of~~
21 ~~Section 11758.46, establishing procedures for certified providers~~
22 ~~of narcotic treatment program services to claim payment for those~~
23 ~~services from the Substance Abuse Treatment Trust Fund created~~
24 ~~by Section 11999.4.~~

25 ~~(b) The regulations shall include procedures and specifications~~
26 ~~for electronic data submission for services, billing, and~~
27 ~~reimbursement for narcotic treatment program services to clients~~
28 ~~ordered to receive treatment services at narcotic treatment~~
29 ~~programs, pursuant to Section 1210.1 or 3063.1 of the Penal Code,~~
30 ~~and reimbursed for those services.~~

31 ~~(c) Nothing in this section is intended to change the laws,~~
32 ~~regulations, or department policies with respect to these~~
33 ~~procedures as established under the drug Medi-Cal performance~~
34 ~~reporting system for narcotic treatment program providers.~~

35 SEC. 6. ~~Section 11879.5 is added to the Health and Safety~~
36 ~~Code, to read:~~

37 ~~11879.5. (a) (1) For counties and contractors providing~~
38 ~~narcotic treatment program services ordered pursuant to Section~~
39 ~~1210.1 or 3063.1 of the Penal Code pursuant to approved~~
40 ~~contracts, and that have accurate and complete claims,~~

1 reimbursement for services from the substance abuse state General
2 Fund moneys shall commence no later than 45 days following the
3 enactment of the annual Budget Act for the appropriate state fiscal
4 year.

5 (2) By July 1, 2003, the State Department of Health Services
6 and the department shall develop methods to ensure timely
7 payment of drug Medi-Cal claims.

8 (b) (1) A county or a provider certified to provide
9 reimbursable narcotic treatment program services ordered
10 pursuant to Section 1210.1 or 3063.1 of the Penal Code, who is
11 contracting with the department, shall estimate the cost of those
12 services by April 1 of the fiscal year covered by the contract, and
13 shall amend current contracts, as necessary, by the following July
14 1.

15 (2) A county or a provider, except for a provider to whom
16 subdivision (c) applies, shall submit accurate and complete cost
17 reports consistent with the requirements of Sections 11758.42,
18 11758.44, and 11758.46 for the previous state fiscal year by
19 November 1, following the end of the state fiscal year. The
20 department may settle the cost for narcotic treatment services
21 ordered pursuant to Section 1210.1 or 3063.1 of the Penal Code
22 based on the cost report as the final amendment to the approved
23 single state county contract.

24 (c) Licensed and certified narcotic treatment program
25 providers who are exclusively billing the state or the county for
26 services under this section or Section 11758.42 shall submit
27 accurate and complete performance reports for the previous state
28 fiscal year by November 1 following the end of that state fiscal
29 year. A provider to whom this subdivision applies shall estimate
30 its budgets using the uniform state monthly reimbursement rate.
31 The format and content of the performance reports shall be
32 mutually agreed to by the department, the County Alcohol and
33 Drug Program Administrators Association of California, and
34 representatives of the narcotic treatment program providers, and
35 shall be the same as those required by subdivision (k) of Section
36 11758.46.

37 SEC. 7. The State Department of Alcohol and Drug Programs
38 may adopt regulations to implement this act in accordance with the
39 Administrative Procedure Act, provided for pursuant to Chapter
40 3.5 (commencing with Section 11340) of Part 1 of Division 3 of

1 ~~Title 2 of the Government Code. The initial adoption of any~~
2 ~~emergency regulations implementing this act shall be deemed to~~
3 ~~be an emergency and necessary for the immediate preservation of~~
4 ~~the public peace, health and safety, or general welfare. Emergency~~
5 ~~regulations adopted pursuant to this section shall remain in effect~~
6 ~~for no more than 180 days.~~

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